MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05085

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md | LENGTH OF STAY (in this place) 2y
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Talbot COUNTY md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton md
STREET ADDRESS (If rural give location) 121 B-west

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Agnes	E	Bentley	May	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	a.a.	widowe	about 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeping	home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Emmels	Sarah West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	Susan Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis.	yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from February 3, 1949, to May 16, 1949, that I last saw the deceased alive on May 16, 1949, and that death occurred at 1200 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin J Russell	M.D	Easton Maryland	5-17-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 22, 1949	Richardson Memorial Park	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/16/49	M. A. Nevins	James F. Stewart	Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1949
BUREAU V. S.

522

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05086

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (In this place) All of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 Higgins Street

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 126 Higgins.

3. NAME OF DECEASED (Type or Print) (First) Iantha (Middle) Corrine (Last) Blackwell
4. DATE OF DEATH (Month) May (Day) 17 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 18, 1949
9. AGE last birthday yrs. | If under 1 year Months 3 Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Easton Md.
12. CITIZEN OF WHAT COUNTRY U. S.

13. FATHER'S NAME Charles A. Blackwell
14. MOTHER'S MAIDEN NAME Corrine Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Charles A. Blackwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — ? days

491 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ? a. m., from the causes and on the date stated above.

SIGNATURE Louis Whitty M.D. (Degree or title) | ADDRESS Easton Md | DATE SIGNED 5-18-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 5/18/49 | NAME OF CEMETERY OR CREMATORY Hammond Town | LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 5/17/49 | REGISTRAR'S SIGNATURE N. H. Nevins | 24. FUNERAL DIRECTOR Maurice E Newnam & Son-Easton, Md. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1949
BUREAU V. S.

EVIDENCE FOR ADDITION OF AGE + BIRTH DATE IS ON:

FILM No. G 120 JUN -9 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05087

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Port Street	STREET ADDRESS (If rural, give location) 202 Port Street

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Elizabeth	(Last) Gibson	4. DATE OF DEATH	(Month) May	(Day) 30	(Year) 49
5. SEX Female	6. COLOR OR RACE Col'd	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 20 1879	9. AGE last birthday ~~[illegible]~~ yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY House-wife	11. BIRTHPLACE (State or foreign country) Talbot County Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME William Henry Jenkins	14. MOTHER'S MAIDEN NAME Lottie Adams						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mrs. Emma Allen					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	10 days
450.0 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio Sclerosis	yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 12 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. F. Burell	M.D.	405 Wash St Easton	6-7-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 2	Richards Memorial	Easton Talbot Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/1/49	N. H. Nevius	Leon Henry	Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05088

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Cordova, rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 months
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Cordova, rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William Holden

3.(b) Social Security Number 214-07-3362

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife Clara Belle Holden
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 12, 1893

8. AGE: Years	Months	Days	If less than one day
56	1	17	hrs. ..... min.

9. Birthplace Grasonville, Md.
(Town, county, and state)
10. Usual occupation farmer
11. Industry or business

FATHER
12. Name John Holden
13. Birthplace Grasonville

MOTHER
14. Maiden name Molly Booker
15. Birthplace

16. Informant Albert Holden
Address Cordova, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 1 1949 (month) (day) (year)
Cemetery or crematory Restfield Mem
Location Centreville Md
18. Funeral director Edgar L. Land
Address Church Hill Md

19. 5/31 1949 (Date rec'd by registrar) N. A. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1949 at 3 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Coronary occlusion	
	sudden death
Due to	
Due to	
Other conditions 420.1 94a. (Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Kurt Lederer M. D. M. D. or other
Address Queen Anne Md Date signed 5/30/49

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JUN 4 1949
BUREAU V. S.

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05089

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels, Md. LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) William (Middle) C. (Last) Jefferson, Sr.			4. DATE OF DEATH (Month) May (Day) 4, (Year) 1949		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: June 28, 1870	9. AGE last birthday: 78 yrs.	If under 1 year: Months 10, Days 6; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Oxford, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph W. Jefferson			14. MOTHER'S MAIDEN NAME: Susanna Tarbutton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None		16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. William C. Jefferson St. Michaels, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
434.3 Immediate cause	(a) PULMONARY EDEMA	48 hrs.
Antecedent cause(s)		
92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CHRONIC VALVULAR DISEASE WITH DECOMPENSATION	1½ yrs.
	(c) CARDIAC HYPERTROPHY - MITRAL STENOSIS c̄ INSUFFICIENCY	1½ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1948, to MAY 4, 1949, that I last saw the deceased alive on MAY 3, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur V Mitchell [signature]		Talbot St. St. Michaels, Md.	Mar, 6, 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: May 7, 1949	NAME OF CEMETERY OR CREMATORY: Olivet Cemetery	LOCATION (City, town, or county) (State): St. Michaels, Maryland
DATE REC'D BY LOCAL REG.: May 6th 1949	REGISTRAR'S SIGNATURE: Mrs Robt. L. Seel	24. FUNERAL DIRECTOR: Newnam & Harrison St. Michaels, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
MAY 7 1949
BUREAU V. S.

Evidence for additon in 18b shown on:

FILM No. G 120 JUL -5 1949

05090

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avalon, LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avalon, Tilghman,
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Addison	(Middle)	(Last) Larrimore	4. DATE OF DEATH	(Month) May (Day) 22 (Year) 1949
6. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 26/92	9. AGE last birthday 56 yrs.	If under 1 year Months 8 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tilghman Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Addison R. Larrimore, Neavitt, Md	14. MOTHER'S MAIDEN NAME Nannie Neavitt, Neavitt, Maryland				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) Yes (If year, give war or dates of service) World 1	16. SOCIAL SECURITY NO. 218-03-7953	17. INFORMANT Mrs. Addison Larrimore, Avalon Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exhaustion from bone & breathing	1 week
162 Antecedent cause(s)	Malignant	
57d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tumor of lungs - Primary site (7/1/49-95)	3 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE) ✓	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to May 22, 1949 that I last saw the deceased alive on May 22, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gary M Reese	Md	Tilghman	Md

23. BURIAL, CREMATION REMOVAL (Specify) Buril	DATE May 25, 1949	NAME OF CEMETERY OR CREMATORY Methodist Cemetery	LOCATION (City, town, or county) Tilghman	(State) Md
DATE REC'D BY LOCAL REG. May 25-49	REGISTRAR'S SIGNATURE G Jackson	24. FUNERAL DIRECTOR Newnam & Harrison, St. Michaels, Md.	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05091

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 4 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Graham Sr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural, give location) 9 Graham St. Easton Md

3. NAME OF DECEASED (Type or Print) (First) Wellington (Middle) Lewis (Last)

4. DATE OF DEATH (Month) May (Day) 9 (Year) 1949

5. SEX M
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH ~~about~~ Unknown 1901
9. AGE last birthday 48 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Richmond, Va
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Leon Fountain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c) heavy cement lifting

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9, 1949, to 5/9, 1949 that I last saw the deceased alive on 5/9, 1949, and that death occurred at 9 30 p m., from the causes and on the date stated above.

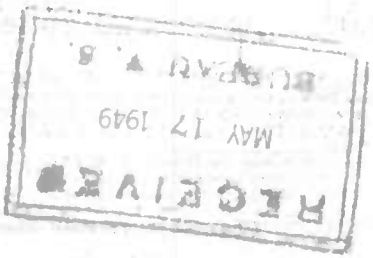
SIGNATURE Haynard T. Webb (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/17/49
NAME OF CEMETERY OR CREMATORY Chapel
LOCATION (City, town, or county) Easton Md. (State) R1

DATE REC'D BY LOCAL REG. 5/14/49
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Leon W. Henry ADDRESS Easton Md.

Mr. 1425 Castle

George Smith



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Geraldine (Middle) Ann (Last) Mock.

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 9, 1948

9. AGE last birthday: 1 yrs. If under 1 year: Months / Days 21 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Easton, Talbot Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carlton R. Mock

14. MOTHER'S MAIDEN NAME: Adeline Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Carlton R. Mock.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation accidental,	a few
796.0 Antecedent cause(s) Diseases or conditions, if any, giving risa to the above causa stating tha underlying cause last 1952	(b) (found hanging in her crib)	minutes
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Trappe (COUNTY): Talbot (STATE): Md.
TIME OF INJURY (Month) May (Day) 30 (Year) 49 (Hour) 3 P. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Neck caught in corner of Crib

22. I hereby certify that I attended the deceased from 5/30, 1949, to 5/30, 1949, that I last saw the deceased alive on 5/29th, 1949 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: William P. Seymour (Degree or title) ADDRESS: Trappe, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 1, 1949
NAME OF CEMETERY OR CREMATORY: Spring Hill
LOCATION (City, town, or county) (State): Easton Talbot Md.

DATE REC'D BY LOCAL REG. 5/31/49
REGISTRAR'S SIGNATURE: N. A. Norris

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

05094

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: S. Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural give location): S. Washington

3. NAME OF DECEASED (Type or Print) (First): Anna (Middle): E. (Last): Morton

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 30 1866
9. AGE last birthday: 82 yrs — If under 1 year: 11 Months, 6 Days — If under 24 hrs.: 80 Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Denton Rural
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Hubbard
14. MOTHER'S MAIDEN NAME: Georgia E. Flowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: John Morton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — Days.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — yrs.

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to May 24, 1949 that I last saw the deceased alive on May 23, 1949, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE: Martin F. Buell — (Degree or title): M.D. — ADDRESS: 405 Work St. Easton Md — DATE SIGNED: 5-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 26 1949 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county): Easton — (State): Md

DATE REC'D BY LOCAL REG.: 5/25/49 — REGISTRAR'S SIGNATURE: N. H. Neeres — 24. FUNERAL DIRECTOR: John D. Williams — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

05095

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe (Rural); LENGTH OF STAY (In this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TRAPPE (RURAL); STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) CATHERINE (Last) OUTTEN

4. DATE OF DEATH: (Month) MAY (Day) 13 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 1, 1865

9. AGE last birthday: 83 yrs. If under 1 year: Months 6, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Caroline Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JESSE LEWIS

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. BENJAMIN OUTTEN, Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular heart disease — Interval between onset and death: 5 yrs.

450.0 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — 13 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1930 to May, 1949, that I last saw the deceased alive on May 8th, 1949, and that death occurred at 6.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William D. Seymour M.D. ADDRESS: Trappe, DATE SIGNED: Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: May 17, 1949 NAME OF CEMETERY OR CREMATORY: Windy Hill LOCATION (City, town, or county) (State): Trappe, Md.

DATE REC'D BY LOCAL REG. 5/15/49 REGISTRAR'S SIGNATURE: W. H. Merrill

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son, ADDRESS: Md.

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MAY 26 1949
BUREAU V. S.

05096

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1hr. 15min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Baby Boy Payne
4. DATE OF DEATH (Month) (Day) (Year) May 5 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5/5/49
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. 1 hr 15 min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Memorial Hosp Easton Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr Thomas M. Payne
14. MOTHER'S MAIDEN NAME Mary Whitby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Payne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (W + 1 lb 4 oz) — INTERVAL BETWEEN ONSET AND DEATH 1 1/4 hrs

776

Antecedent cause(s)

159

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5-, 1949, to 5-5-, 1949 that I last saw the deceased alive on 5-5-, 1949, and that death occurred at 11 p.m. m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 5-6-49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 5/6/49 NAME OF CEMETERY OR CREMATORY Memorial Hospital LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 5/6/49 REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 20 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05097

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TRAPPE
LENGTH OF STAY in this place: All of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TRAPPE
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Typo or Print): (First) CLAUDE (Middle) TILGHMAN (Last) SEYMOUR.

4. DATE OF DEATH: (Month) MAY (Day) 31, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: JULY 6, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months 10 Days 25 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): TALBOT CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MATHIAS M. SEYMOUR.

14. MOTHER'S MAIDEN NAME: SALLIE ELIZABETH SEYMOUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Herbert Seymour

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Valvular heart disease	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	6 yrs.
	(c)	

430.0
92d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20th, 1949, to May 31st, 1949, that I last saw the deceased alive on May 30th, 1949 and that death occurred at 10.30 a.m., from the causes and on the date stated above.

SIGNATURE: William S. Seymour (Degree or title) ADDRESS: Trappe Md DATE SIGNED: 6/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: JUNE 2 1949 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county) (State): EASTON TALBOT Md.

DATE REC'D BY LOCAL REG.: 6/1/49 — REGISTRAR'S SIGNATURE: N. A. Nevitt

24. FUNERAL DIRECTOR: MAURICE E NEWNAM & SON - ADDRESS: EASTON Md.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

05098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Starkey
4. DATE OF DEATH (Month) 5 (Day) 1 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED?
8. DATE OF BIRTH Nov 2, 1863
9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Queen Anne County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr James Starkey
14. MOTHER'S MAIDEN NAME Emily B. Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKY (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Charles Starkey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1 Immediate cause (a) Exhaustion

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrenous Leg

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dimentia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Gangrene of leg
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1949, to May 1, 1949, that I last saw the deceased alive on April 30, 1949, and that death occurred at 8:00 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. Palmer Easton Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/5/49
NAME OF CEMETERY OR CREMATORY Templeville
LOCATION (City, town, or county) Templeville (State) Md.

DATE REC'D BY LOCAL REG. 5/2/49
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
MAY 10 1949
BUREAU V. S.

Dr. Buell.

05099

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
   LENGTH OF STAY (in this place): 70 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
   STREET ADDRESS (If rural give location): 15 Locust

3. NAME OF DECEASED (Type or Print): (First) Perry (Middle) (Last) Stewart

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1887

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
    (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-22-9258

17. INFORMANT: Mrs. Perry Stewart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval between onset and death: 6 mo

151 Antecedent cause(s)

46 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 23 49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach confirmed

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 19 49, to May 9, 19 49, that I last saw the deceased alive on May 8, 19 49, and that death occurred at 7:20 m., from the causes and on the date stated above.

SIGNATURE: Martin J Buell — (Degree or title): MD — ADDRESS: Easton Md — DATE SIGNED: 5-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 23, 1949 — NAME OF CEMETERY OR CREMATORY: Screamersville — LOCATION (City, town, or county): Oxford. — (State): Md.

DATE REC'D BY LOCAL REG. 5/20/49 — REGISTRAR'S SIGNATURE: M.A. Nevins

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son — ADDRESS: Easton Md

RECEIVED
MAY 2[illegible] 1949
BUREAU V. S.

05100

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. — LENGTH OF STAY (in this place) 17 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) L. (Last) Suter

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1949

5. SEX: f

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, ~~(Specify)~~

8. DATE OF BIRTH: Nov 22, 1872

9. AGE last birthday: 76 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Thomas Thorpe

14. MOTHER'S MAIDEN NAME: Mary A. Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Gladys Block

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral arteriosclerosis	5 yrs.
Antecedent cause(s)	(b) Generalized arteriosclerosis	5 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic Heart Disease	5 yrs.

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1949, to 5/3, 1949, that I last saw the deceased alive on 5/3, 1949 and that death occurred at 4 15/P m., from the causes and on the date stated above.

SIGNATURE: Shepard Krech Jr. (Degree or title) Md. — ADDRESS: Easton, Md. — DATE SIGNED: 5/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/5/49 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county): Balto. (State) Md

DATE REC'D BY LOCAL REG.: 5/4/49 — REGISTRAR'S SIGNATURE: N. H. Neirus — 24. FUNERAL DIRECTOR: F. Collis Clark — ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05101

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Easton, Talbot County; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwoods Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwoods Md R.D.1; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	Clay,	THOMAS	MAY	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	C	married	Mar. 12, 1893	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Labor		Wye Mills Talbot Co Md	American

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Thomas	Mandy Cane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	E. W. Stafford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 Immediate cause (a) Acute nephritis — Interval between onset and death: 10 days.

131b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no	no	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	Home	R D 2 Easton	Talbot	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
no m.	no	no

22. I hereby certify that I attended the deceased from May 14, 1949, to May 18, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. McC. Stevens	M D.	Easton Md	5-19-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/21/49	Chapel Cemetery	Cordova Talbot Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/19/49	N. H. Nelson	Enoch Stafford	Easton Md

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MAY 26 1949
BUREAU V. S.

Evidence for additional info. in items #7, 10a, 10b, 11, 13, 14, 15, 16, 17 is on: FILM No. G 120 MAY 16 1949

05102

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
LENGTH OF STAY (In this place) 1 hr 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) Walls
4. DATE OF DEATH (Month) 5 (Day) 1 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 7/15/1928
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR
10b. KIND OF BUSINESS OR INDUSTRY FARM WORK
11. BIRTHPLACE (State or foreign country) MILLINGTON, MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ERNEST WALLS
14. MOTHER'S MAIDEN NAME MAUDE BEDWELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-24-4634
17. INFORMANT MRS. MAUDE MELVIN Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 Immediate cause (a) Laceration brain, fract skull, fract. femur

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident — Hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hiway (CITY OR TOWN) M. Wye Mills (COUNTY) Queen Annes (STATE) Md
TIME OF INJURY (Month) 5 (Day) 1 (Year) 49 (Hour) 1 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? car struck tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis J Welty MD. (Degree or title) DME ADDRESS Easton Md DATE SIGNED 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5/4/49 NAME OF CEMETERY OR CREMATORY Greensboro LOCATION (City, town, or county) Greensboro (State) Md

DATE REC'D BY LOCAL REG. 5/2/49 REGISTRAR'S SIGNATURE N. H. Neeves
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 10 1949
BUREAU V. S.

5/11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05103

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mary Del
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alexander		Wilkerson	May	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	B.	Married	9/10/85	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sam Wilkerson	Mandy Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unable to state.	unable to state	Ader Wilkerson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 **Immediate cause** (a) Arteriosclerosis, generalized — 7 yrs.

97 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 2 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/11, 1949, to 5/24, 1949, that I last saw the deceased alive on 5/23, 1949, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE: R Conrad (Degree or title) — ADDRESS: Easton Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/27/49	Mt. Zion	Near Marydel Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/49	H. A. Merrill	R. B. Rawlings	Greensboro Md.

VS. A15

RECEIVED
JUN 4 1949
BUREAU V. S.

05104

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton,
LENGTH OF STAY (in this place) 4½ Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Evelyn Lorraine Williams
4. DATE OF DEATH (Month) (Day) (Year) May 28 1949
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 11-3-48
9. AGE last birthday yrs. If under 1 year Months 6 mo Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cambridge Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Marvin Williams
14. MOTHER'S MAIDEN NAME Lettie Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Lida Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia organism unknown — 4-5 days

491

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) a. dehydration & acidosis

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS 214 E. Dover St. Easton, Maryland DATE SIGNED 30 May 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/29/49
NAME OF CEMETERY OR CREMATORY Rhodesdale
LOCATION (City, town, or county) Rhodesdale (State) Md

DATE REC'D BY LOCAL REG. 5/29/49
REGISTRAR'S SIGNATURE N. B. Neirus
24. FUNERAL DIRECTOR Lewis H Baynham ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 4 1949
BUREAU V. S.